

**FAX TO: ADRIENNE JOHNSTONE, PRIMARY EXAMINER
ART UNIT 1733**

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DATE: AUGUST 3, 2003

REFERENCE: APPLICATION CONTROL NUMBER 10/674,989

PAGE 1 OF 12

Page 1 of 10

COVER PAGE

Adrienne C. Johnstone
Primary Examiner
Art Unit 1733

Reference: Application Control Number 10/674,989

The following documents are attached:

Amended Claims ~ pages 20, 21, 22, 23

Remarks - pages 1, 2, 3, 4, 5

Applicant


Frederick Forbes Vannan
April 28, 2005

Aug 3, 2005

Application Control Number 10/674,989
 Art Unit 1733

Confirmation that Amended Claims
 and Remarks for Application 10/674,989
 were received by USPTO May 3, 05.

Frederick J. Vannan

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<table border="1" style="width: 100%;"> <tr> <td colspan="2">A. Signature</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> RECEIVED </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td>B. Received by (Printed Name)</td> <td>C. Date of Delivery</td> </tr> <tr> <td colspan="2">MAY 3, 2005</td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No USPTO MAIL CENTER </td> </tr> <tr> <td colspan="2"> E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </td> </tr> <tr> <td colspan="2">F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td> </tr> </table>		A. Signature		<input checked="" type="checkbox"/> RECEIVED		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee		B. Received by (Printed Name)	C. Date of Delivery	MAY 3, 2005		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No USPTO MAIL CENTER		E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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